Eight Steps
To
Becoming An
Accommodating
Restaurant
YES, I'd like to participate in
The Accommodation Program! Please send me the
FREE Source Book and FREE materials catalog.
Your Name (Please print clearly)
Your Title
Business Name
Business Address (No P.O. boxes please)
City
State
Zip
Phone
Fax
(Check All That Apply.)
Restaurant: Fine Dining Midscale Quick Service
Hotel Bowling Center Shopping Mall Stadium/Arena Bar/Tavern Airport
Association Casino Other (Please specify)
Chain Operator Local Regional National
Independent Operator
Number of Locations
2061037666
Yes, you may use my establishment's name as a participant of The Accommodation Program for consumer
listings, advertising, and other promotional materials without further notice or payment of any fee or expense to
me or my establishment as per my signature below.
Signature

Source: https://www.industrydocuments.ucsf.edu/docs/rmfp0003

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